

PTO/SB/08A (08-03)

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Substitute for Form 1449/PTO		Complete If Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <small>(Use as many sheets as necessary)</small>		Application Number	10/545,279 <i>b5b</i> 10/1656279
		Filing Date	09/08/2003
		First Named Inventor	DE ANGELIS
		Art Unit	2821
		Examiner Name	VY
		Attorney Docket Number	

Examiner Signature	/Hung Vv/	Date Considered	08/08/2006
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PTO/SB/088 (08-03)

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NON-PATENT LITERATURE DOCUMENTS

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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

Applicant's unique claim designation number (optional). Applicant is to place a check mark here if English language Translation is attached.
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